Only

# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Nicole for New York PO Box 60487 ADDRESS (number and street) (Check if address is changed) Staten Island 10306 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS lauraschwartz99@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) nicolemalliotakis.com (Check if address is changed) DATE 2023 C00694778 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Schwartz, Laura, , , Type or Print Name of Treasurer Schwartz, Laura, , , [Electronically Filed] 09 15 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Malliotakis, Nicole, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State NY District 11
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	<del>;</del> ).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

l	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
V	rite or Type Committee Name	Vouls		
6.	Nicole for New Name of Any Connected Or	YOFK ganization, Affiliated Committee, Joint Fundraising Re	epresentative. or Leade	rship PAC Sponsor
	Malliotakis Victory Co			
	Mailing Address	PO Box 68		
		South Salem	NY 10590	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundrais	sing Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position	on of the person in posses	ssion of committee
	Schwartz, L	aura, , ,		
	Full Name			
	Mailing Address	55 Overlook Drive		
		Ridgefield	CT   06877	
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
	Treasurer	I	.   203  _	241     5130
		Telephone r	number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of ssistant treasurer).	the committee; and the r	name and address of
	Full Name Schwartz, L	aura, , ,		
	of Treasurer			
	Mailing Address	55 Overlook Drive		
		Ridgefield	CT 06877	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone r	number 203 - [	241 - 5130

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated			<u> </u>
Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone no	umber	
	Depositories: List all banks or other depositories in which the commines or maintains funds.	ttee deposits fund	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD L	20814
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Truist	1 1 1 1 1 1	
Mailing Address	1909 K Street NW		
			1
	Washington	DC	20006
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisi</b> r	ng Participant:	
	1		FEC ID number C
	2		FEC ID number
	3.		FEC ID number
	4.		FEC ID number C
6.	Name of Any Connected TAKE BACK THE	_	draising Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA	MD   20824-0844   -
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	nt Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	Telephone Number
9.	safety deposit boxes or ma	Bridge Bank  1445-A Laughlin Ave	h the committee deposits funds, holds accounts, rents
		McLean	VA 22101
		CITY A	STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GOP WINNING V	VOMEN		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	ı VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.	OH T	SIAIE	ZIF CODE A
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the same of Bank, M&T E	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions.  Amen of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions.  M&T E	y by name, address (phone number – optional)  CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
•	ed Organization, Affiliated Committee, Joint Fun PATRIOT DAY JFC	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		1 1 1 1 1 1 1 1 1 1
	SUITE 115		
	, ALEXANDRIA		22314
	ALEXANDRIA		
	CITY A	STATE ▲ int Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
esignated Agent: Ider	CITY   cted Organization		
Connection Connectica Connection Connectica Connection Connection Connection Connection Connection Connectica Connection Connection Connectica	CITY   cted Organization		
esignated Agent: Ider	CITY   cted Organization		
esignated Agent: Ider	CITY A  cted Organization Affiliated Committee   Affiliated Committee   Intify by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Ider	CITY A  cted Organization Affiliated Committee   Affiliated Committee   CITY A  CITY A		

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		ALEXANDRIA	VA I	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which the	ne committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	untains funds.		
	Name of Bank, Depository, etc.			
	Name of Bank,			
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc.			

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraicina Panracantativ	o or Leadership PAC Spons
WOMEN BUILD	<del>-</del>		. Or Leadership FAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	, , , ,   VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joy y by name, address (phone number – optional)	oint Fundraising Represent	Zave Zeadoromp 1740 Opt
Designated Agent: Identi			Lave Code
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			
Designated Agent: Identing Full Name  Mailing Address	y by name, address (phone number – optional)		ZIP CODE A
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Pesignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi aintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
FRIENDS OF GC	OP WINNING WOMEN 2022		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spo
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	y by name, address (phone number – optional)		
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Designated Agent: Identif	y by name, address (phone number – optional)		
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Designated Agent: Identif	y by name, address (phone number – optional)  CITY		
Designated Agent: Identification  Full Name   Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Pesignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). <b>Joint Fundraising</b>			1	FF0 IS :		
1.				FEC ID numbe	-	
2.				FEC ID numbe		
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4				FEC ID numbe	r C	
ame of Any Connected (				aising Representa	tive, or Le	adership PAC Spor
HISPANIC LEADE	RSHIP TRU	ST PARTNEI	RSHIP			
Mailing Address	PO BOX 341027	7				
	AUSTIN			TX		3734 
Relationship:		CITY ▲		STATE	<b>A</b>	ZIP CODE ▲
Connected	Organization	Affiliated Committee	ee X Joint	Fundraising Represe	entative	Leadership PAC S
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esignated Agent: Identify  Full Name				Fundraising Represe	entative	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address		- optional)			Leadership PAC S
esignated Agent: Identify  Full Name	by name, address	s (phone number	- optional)			
esignated Agent: Identify  Full Name  Mailing Address	by name, address	s (phone number	- optional)			
esignated Agent: Identify  Full Name  Mailing Address	by name, address	city 🛦	- optional)	STATE A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or main fame of Bank,	by name, address	city 🛦	- optional)	STATE A		ZIP CODE A
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FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h)

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
2022 PHASE 2 F	PATRIOT DAY JFC		
Mailine Address	228 S. WASHINGTON STREET		
Mailing Address	SUITE 115		
	ALEXANDRIA	ı VA	22314
Relationship:			
neialionsnip.	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
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FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spor
PROTECT THE	HOUSE NEW YORK 2024		
	<sub>1</sub> PO BOX 30844		
Mailing Address	FO BOX 30044		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee  Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC S
			ative Leadership PAC S
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
LEXINGTON VIC	CTORY COMMITTEE		
Mailing Address	824 S. MILLEDGE AVE		
Mailing Address	STE 101		
	ATHENS	, GA	30605
Relationship:			
neiationsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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